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Application Number Filing Date **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 BRONAUGH, D. E. ET AL. (For use with Form PTO/SB/06) * May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND **AMENDMENT** AMENDMENT Indep Indep Depend Depend Indep Depend Indep Depend Indep Depend Indep Depend Ind. Ind 20 $\frac{-6}{26}$ Ind Ind IndTotal Total Indep Indep Total Total Depend Depend Total Total

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Claims

Claims